

**Commonwealth of Massachusetts
Division of Health Care Finance and Policy
Quarterly Hospital Report
Bed and Utilization Statistics**

Hospital Name
DPH #
Org ID
Quarter Ending XXXXX

Line No.	Bed Type	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Licensed Beds		Change		Available Beds		Change		Staffed Beds
		Prior Period	Current	Amount	Percent	Prior Period	Current	Amount	Percent	Prior Period
(1)	Medical/Surgical			formula	formula			formula	formula	
(2)	Intensive Care Unit/Coronary Intensive Care Unit Combined			formula	formula			formula	formula	
(3)	Intensive Care Unit			formula	formula			formula	formula	
(4)	Coronary Intensive Care Unit			formula	formula			formula	formula	
(5)	Burn Unit			formula	formula			formula	formula	
(6)	Pediatric Service			formula	formula			formula	formula	
(7)	Pediatric ICU			formula	formula			formula	formula	
(8)	Obstetric Beds (Maternal)			formula	formula			formula	formula	
(9)	Neonatal/ICU (Level III)			formula	formula			formula	formula	
(10)	Psychiatric (Unlocked)			formula	formula			formula	formula	
(11)	Psychiatric (Locked)			formula	formula			formula	formula	
(12)	Substance Abuse			formula	formula			formula	formula	
(13)	Chronic			formula	formula			formula	formula	
(14)	Rehabilitation			formula	formula			formula	formula	
(15)	Skilled Nursing Care			formula	formula			formula	formula	
(16)	Intermediate Care			formula	formula			formula	formula	
(17)	Well Infant Bassinet (Level I)			formula	formula			formula	formula	
(18)	Continuing Care-Bassinet (Level IB)			formula	formula			formula	formula	
(19)	Special Care Nursery-Bassinet (Level II)			formula	formula			formula	formula	
(20)	Total Beds	formula	formula	formula	formula %	formula	formula	formula	formula %	formula

Definitions and Instructions:

Licensed Beds is defined as the actual number of licensed beds on the 2nd Wednesday of the first month of the quarter.

Weighted Average Available Beds is defined as the average number of licensed beds that were physically available for immediate patient use, whether or not staffed, excluding beds not immediately available because of renovation or maintenance, physical plant problems, or similar issues.

This number will be calculated as follows: the sum of the number of calendar days each bed was available, divided by number of days in the quarter.

Staffed Beds is defined as the actual number of staffed licensed beds on the 2nd Wednesday of the first month of the quarter.

The categories listed in lines 1 through 19 are mutually exclusive. Do not double count individual beds by including them in more than one category.

Line #

- (2) Include beds in adult intensive care units that combine coronary intensive care with other types of intensive care in a single unit.
- (3) Include beds in all adult medical and/or surgical intensive care units, except for those in coronary intensive care units (line 4) or combined intensive care/coronary intensive care units (line 2).
- (4) Include only those beds in an intensive care unit devoted solely to coronary care patients. Do not include beds in units devoted to coronary care but not at an intensive level of care.
- (20) Key in your calculated total bed count and review the "pop-up box" for agreement, to check for any data keying errors.

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Utilization Information:

	Outpatient Services			
	Month 1	Month 2	Month 3	Total Quarter
Ambulatory Surgery				formula
Total Outpatient Visits				formula

Definitions and Instructions:

Ambulatory surgery is defined as surgical services to patients not normally requiring an overnight stay. This statistic must include visits by ambulatory surgery patients at all campuses and satellite locations.

Total outpatient visits is defined as the total of all visits for services not provided on an inpatient basis. This statistic must include all patients at all campuses and satellite locations. This total should include visits for any of the following services, as well as any other outpatient service your hospital provides: Emergency services, clinic, satellite clinic (including community health service), ambulatory surgery, ambulatory renal hemodialysis (count 1 treatment equal to 1 visit), home dialysis services (count 1 peritoneal dialysis (PD) treatment day equal to 3/7 of a visit), psychiatry, home health services, observation stays (distinct or nondistinct unit), private referrals, endoscopy, oncology, minor OR, hospice, cardiac rehab, cardiac treatment center, pediatric clinic, adult day health.

For Ambulatory Surgery and Total Outpatient Visits, provide visit counts for each of the three months of the quarter. Also, key in your calculated total for the quarter for each, and review the "pop-up box" for agreement, to check for any data keying errors.
